

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
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4						
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7						
8						
9						
10		2			2	
11	1			1		
12	1			1		
13	1			1		
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Total Indep	5		8			
Total Depend	9	←	9	←		←
Total Claims	14		17			

	Indep	Depend	Indep	Depend	Indep	Depend
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Total Depend						
Total Claims						